

HTE 04-5-10001

HARNETT COUNTY HEALTH DEPARTMENT

20878

IMPROVEMENT PERMIT

Be it ordained by the Harnett County Board of Health as follows: Section III, Item B. "No Person shall begin construction of any building at which a septic tank system is to be used for disposal of sewage without first obtaining a written permit from the Harnett County Health Department."

Name: (owner) Pine Grove Dev.

New Installation Septic Tank

Property Location: SR# 1141

Repairs Nitrification Line

Subdivision Cherokee Ridge Lot # 42

Tax ID # _____ Quadrant # _____

Number of Bedrooms Proposed: 4 (27x76) Lot Size: 85 AC

Basement with Plumbing: Garage:

Water Supply: Well Public Community

Distance From Well: 50 ft.

Following is the minimum specifications for sewage disposal system on above captioned property. Subject to final approval.

Type of system: Conventional Other _____

Size of tank: Septic Tank: 1000 gallons Pump Tank: _____ gallons

Subsurface Drainage Field No. of ditches 1 exact length of each ditch 280 ft. width of ditches 3 ft. depth of ditches 18 in.

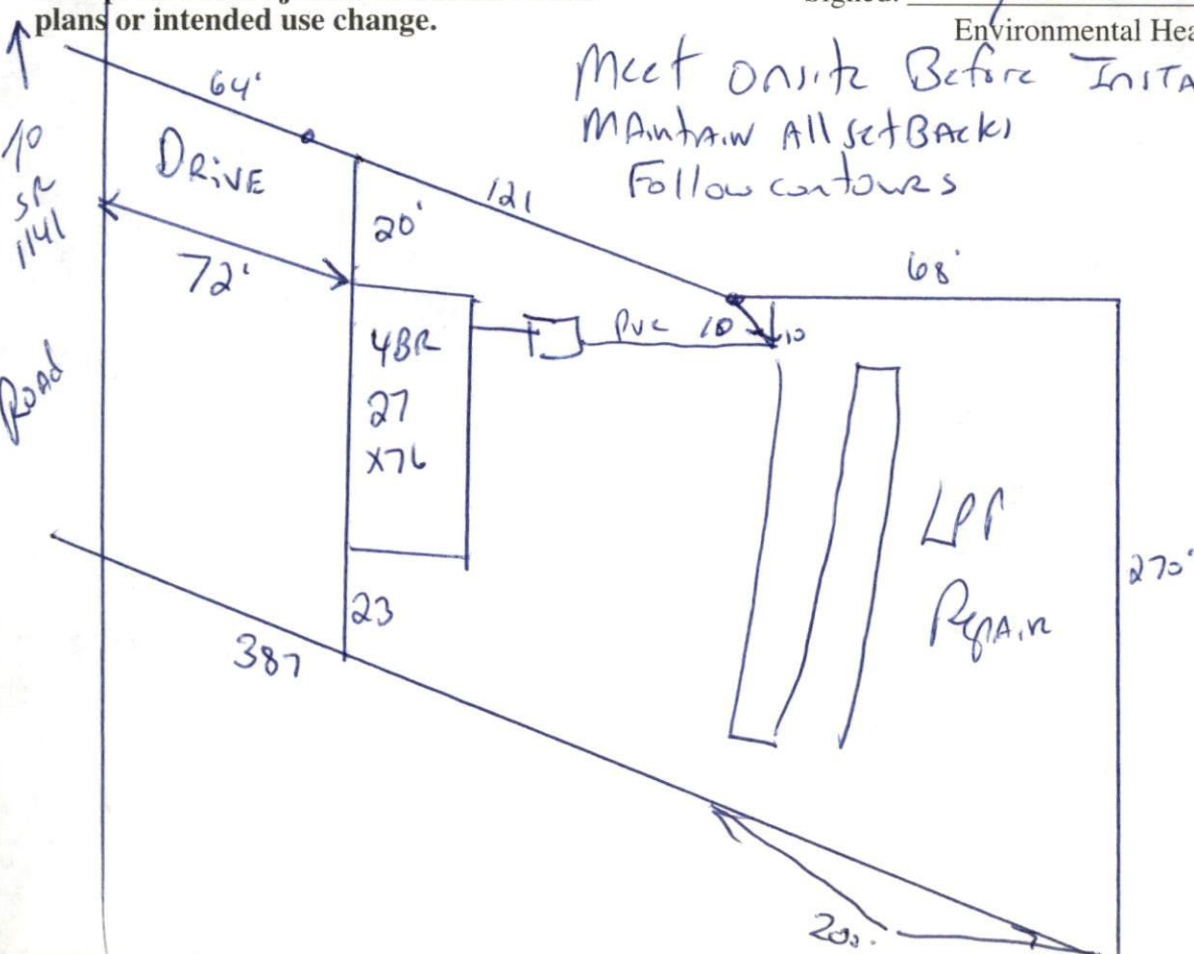
French Drain Required: _____ Linear feet

Date: 07-29-04

This permit is subject to revocation if site plans or intended use change.

Signed: Joe Wint
Environmental Health Specialist

*Meet on site Before Installing
Maintain All set Backs
Follow contours*



HARNETT COUNTY DEPARTMENT OF PUBLIC HEALTH
AUTORIZATION TO CONSTRUCT

Authorization is hereby given to construct a wastewater system to the specifications described by Harnett County Department of Public Health, Improvement Permit # 20878. This authorization shall be valid for a period not to exceed five (5) years from the date of issuance. *This authorization will be invalid if ownership, site plans, or intended use change.*

Pine Grove Dev.
Name _____ Telephone # _____

Address
1141

Property Location SR# Cherokee Ridge 42 Road Name 185m
Subdivision _____ Lot # _____ # Bedrooms Proposed 4(27x76) Lot Size _____

TYPE OF SYSTEM

- New Installation Repair Septic Tank Nitrification Lines
 Conventional Other _____
 Basement With Plumbing Without Plumbing

Water Supply: Well Public Water Supply Minimum Well Setback: 50 Ft.
Septic Tank 1000 gal Pump Chamber _____ gal

NITRIFICATION FIELD SPECIFICATIONS

Number of fields 1 # of lines per field 1 Length of lines 280 Ft.
Width of ditches 3 ft. Depth of ditches 18.24 inches
French Drain: Linear feet required _____ Depth of gravel _____

No wastewater system shall be covered or placed into use by any person until an inspection by the Harnett County Health Department has determined that the system has been installed according to the conditions of the Improvement Permit and that a valid Operations Permit has been issued.

Joe West RS 07-27-04
Signature of Authorized Agent for Harnett County Date